

EXHIBIT A



INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correction officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system for this facility.

Today's Date: 6/12/06 Pod/Location: B-Block Cell: #14 ID# 416-88-276

Inmate's Full Name: William David Carroll

Complaint/Problem: Tooth-ache

How long have you had this problem? about 4 days - off & on.

Inmate's Signature: William David Carroll Date: 6/12/06

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97.6 Resp 18 Pulse 65 B/P 154/83

Instructions/Assessment: Document your findings, Inmate's responses/actions _____

Abcess to back upper tooth. On dental list. Will RX c ABT therapy and IBL

Received Orders - thru Treatment Protocols; via telephone order; via verbal order

Follow-Up Required? If checked, date to be seen again _____

Chronic Condition

Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 6/15/06 Seen by: V.O. Williams, Jr.